

Hawai'i Teacher Standards  
Board 650 Iwilei Road, Suite 268  
Honolulu, HI 96817



www.hawaiiteacherstandardsboard.org  
htsb@hawaii.gov  
808-586-2600

**EDUCATOR PREPARATION PROGRAM RECOMMENDATION**

Complete and sign Section 1 before sending this form to the administrator of your educator preparation program. Ask your program to email this form to HTSB at htsb@hawaii.gov or return to you to upload to your HTSB account.

**1. PERSONAL INFORMATION. Type or print in blue ink.**

HTSB ID

\_\_\_\_\_  
(Last name) (First name) (MI)  
Current Mailing Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Telephone \_\_\_\_\_

*DISCLAIMER: I hereby authorize the release of the information regarding my professional education program from which I am making this request.*

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

**2. AUTHORIZED ADMINISTRATOR OF EPP TO COMPLETE THIS SECTION. (APPLICANT: DO NOT WRITE BELOW THIS LINE)**

**To Authorized Official of Educator Preparation Program:** This applicant has applied for a Hawai'i teaching, school counseling and/or school librarian's license. Please check the appropriate area(s) to verify the state approved educator preparation program completed, and basic skills and content knowledge accepted.

Does this program lead to licensure in a state? \_\_\_\_\_ State \_\_\_\_\_ Program Completion Date: \_\_\_\_\_

Does this applicant hold a bachelor's degree? \_\_\_\_\_

How were basic skills and content knowledge evaluated for the candidate?

**BASIC SKILLS:**  Bachelor's Degree Transcripts  SAT Scores  ACT Scores  State approved licensure test

**CONTENT KNOWLEDGE:**  State approved licensure test  Advanced Degree  Content Major  
 30 hours of coursework  National Board Certification

Please indicate the field and grade level(s) qualified to teach, and the grade level(s) of student teaching placement.

	Grade Level	Student Teaching Grade Level(s)
<input type="checkbox"/> EARLY CHILDHOOD		
<input type="checkbox"/> ELEMENTARY		

Field	Grade Level	Student Teaching field(s) & Grade Levels(s)
<input type="checkbox"/> MIDDLE LEVEL		
<input type="checkbox"/> SECONDARY		
<input type="checkbox"/> K-12 PROGRAM		
<input type="checkbox"/> P-12 PROGRAM		

Field	Grade Level	Student Teaching Grade Level(s)	<input type="checkbox"/> Mild/Moderate	<input type="checkbox"/> Severe/profound
<input type="checkbox"/> SPECIAL EDUCATION			<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Blind/Visually Impaired
			<input type="checkbox"/> Orientation & Mobility	<input type="checkbox"/> Orthopedic

Field	Grade Level	Student Teaching field(s) & Grade Level(s)
<input type="checkbox"/> OTHER		

Verification from Official of Education Preparation Program: I hereby verify that the above named applicant has satisfactorily completed a state approved educator preparation program in the area(s) checked above. Please sign or e-sign below.

\_\_\_\_\_  
Signature of Official of Educator Preparation Program Print Name Date

\_\_\_\_\_  
Name and Address of Program City State Phone, including Area Code

\_\_\_\_\_  
E-Mail Address If an IHE, Accreditation